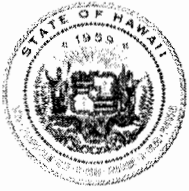


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HAWAII STATE ETHICS COMMISSION
 1001 BISHOP STREET, ASB TOWER 970
 P.O. BOX 616, HONOLULU, HAWAII 96809
 TEL: 587-0460 FAX: 587-0470
 email: ethics@hawaiiethics.org

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SUMERSTATE OF HAWAII
STATE ETHICS COMMISSION

CTT

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST

NAME (Last)	(First)	(Middle)	TELEPHONE
TOGUCHI	CHARLES	T.	(808) 239-1271
MAILING ADDRESS (Street)			FAX
47-640 Hui Ulili Street			(808) 239-1271
(City)	(State)	(Zip Code)	
Kaneohe	HI	96744	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Charles T. Toguchi & Associates, LLC			(808) 239-1271
MAILING ADDRESS (Street)			FAX
47-640 Hui Ulili Street			(808) 239-1271
(City)	(State)	(Zip Code)	
Kaneohe	HI	96744	

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)	TELEPHONE
Summerlin Life & Health Insurance Co.	(480) 921-0469
MAILING ADDRESS (Street)	FAX
1600 W. Broadway Rd. Suite 300	(480) 214-4601
(City)	(State)
Tempe	AZ
(Zip Code)	85282
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE
James D. Dyer	(480) 921-0469
MAILING ADDRESS (Street)	FAX
1600 W. Broadway Rd. Suite 300	(480) 214-4601
(City)	(State)
Tempe	AZ
(Zip Code)	85282

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

Agriculture

Education

☒ Human ServicesScience, Technology &
Economic DevelopmentCommunications &
Public Utilities☒ Government Operations &
FinanceIntergovernmental Relations,
International Affairs

Tourism & Recreation

☒ Consumer Protection &
Commerce

Hawaiian Affairs

Labor & Employment

Transportation

Culture, Arts, Historic
Preservation☒ HealthPlanning, Land & Water
Use Management

Other: (indicate below)

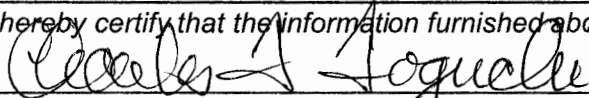
Ecology, Energy
Environmental Protection

Housing

Public Safety & Corrections

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.


(Signature of Lobbyist)1-21-05
(Date)**PART V AUTHORIZATION TO LOBBY**

NAME TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED


James H. Lutz, Chairman

NAME OF ORGANIZATION (if applicable)

Sunshine Life & Health Insurance Co.

TELEPHONE

480.921.0469

MAILING ADDRESS (Street)

1600 W. Broadway Rd. Suite 300

FAX

480.921.7469

(City)

(State)

(Zip Code)

Tempe, AZ

85282

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.


(Signature of Authorizing Officer or Person Represented)1-24-05
(Date)